

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1	1		
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		5		5		
7		5		5		
8		5		5		
9		5		5		
10		5		5		
11		5		5		
12		5		5		
13		1	1	1		
14		1		1		
15		1		1		
16		1		1		
17		4		4		
18		5		5		
19		5		5		
20		5		5		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	20		76			
TOTAL CLAIMS	21		77			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						